PTO/SB/81 (04-05)

Approved for use through 11/30/2005. CMB 0651-0035
U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperv	work Reduct	on Act of 1955, no pen	sons are required to	respond to a collection	rand Trademar of Information	K Officer U.S. Luniess it disp	lays a valid Oliv	TOP COMMER AB control numb	kCE ber.
POWER OF ATTORINEY			App	Application Number 09-76/424				<u> </u>	
				Filing Date					
and				First Named Inventor Ro		obert	ert L. JONES		
CORRESPONDENCE ADDRESS			38	Title				SECENT	=D
INDICATION FORM			Art	Art Unit			HECEIVED		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Old h give chas		Examiner Name		CENTRAL FAX CENT		PIVIEN	
			Atto	rney Docket Num	iber			HN O 8	<del>28</del> 06
I hereby revoke a	all previo	us powers of aff	omev given in	the above-iden	tified appli	cation		OIT O O	<u> </u>
I hereby appoint:			orney given in	ale abete last	инес вррп	COCO 1.			
I— • · · ·		1.1 a			1				
OR	issociațeci (	with the Customer N	lumber:						
Practitioner(s)	named he	lour							
7	TIBITIOU CO	Name			P1-4-		•••		
				Registration Number					
Lashe	<u> </u>	nom 2.5 or		745	84				- 1
l <u></u>		·			,				
		<del>i</del>							ł
as em/our attemptes	0 man 1/2	An appropriate the second		1					
as my/our attorney(s) Trademark Office con	nected the	n) io presiscime trei a Prewith.	ppication identitie	d above, and to tra	insact all busi	ness in the l	United States	Patent and	
Plagge recombre or s	hansa tha	ormonousiloses ad	American for the sale of		···			<del></del>	$\neg$
Please recognize or o					tuon to:				- 1
The address	associate	d with the above-me	entioned Custome	r Number:					
С-J <sub></sub>				•		7			
The address	s associate	ed with Customer No	mber:			İ			- 1
OR Floor				···					
Firm or Individual	Name	Asslus	A Tra	110 800	. 10	all tank	n # 5	~ 58V	
Address			- 1 -7 1-41	7	- <del></del>	<u>SNIMHT</u>	<del> </del>	1,301	-
		302	- 1 340	DORY.N.	W.				
City		1118-550		State	100		Zip	2001	┥
Country		USA	<del>7 / V</del>				-1 726	<i>5001</i>	
Telephone		202	8 < 8719	Email	LATI	Alia	atm	Licon	<b>=</b>
Lam thec		- Charles and the same of	····				10/1/19/	LIZOIY	$\widetilde{-}$
Applicant/Inv	rentor.								1
Assignee of r	record of th	e entire imbarest. Se	e 37 CFR 3 71						1
Statement un	rder 37 CF	R 3.73(2) In enclose	d. (Form PTO/SB	/96)					ı
		SIGNA	TURE of Applica	nt or Assignee of	Record	· · · · · · · · · · · · · · · · · · ·			7
Signature	L V	elents K. L	One			Date	1-300	06	┫
Name	Koh	end in	TONPU		1	Telephone	504	2 378/5	7
Title and Company	1	Line12						<del>- 1/01.8</del>	~ [
NOTE: Signatures of all the signature is required, see	he inventors below*.	वर १६६६ हुए ५६१: वर्ष स्टब्स्	of the entire interest	or their representativ	re(s) are require	ed. Submit mu	tiple forms if m	nore then one	7
Total of	fo	mis are submitted.							_
This collection of informati	ion is requir	ed by 37 CF11 1.31, 1.3	2 and 1.33. The in	formation is required t	to obtain or reta	in a benefit b	y the public whi	ich is to file (an	<b></b> d by
to complete, including gat	m application	n. Conscendanty a: go wring and submitting t	the completed species	ん 122 and 37 CFR 1	.11 and 1.14.	This collection	betsmittee st n	to take 3 minut	405
Comments on the amount U.S. Patent and Tradents									
FORMS TO THIS ADDRE	SS. SEND	TO: Consulssioner	for Patents, P.O	Box 1450, Alexa	ndria, VA 22	. DU NOT S 313-1450.	END FEES O	r completei	D

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035 U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

504 037 8158

Under the Paperwork Reduction Act of 15/45, no persons are required to respond to a collection of information unless it displays a valid CMB control number Application Number REVOCATION OF POWER OF Filing Date ATTORNEY WITH First Named Inventor **NEW POWER OF AUTORNEY Art Unit** AND RECEIVED **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS CENTRAL FAX CENTER **Attorney Docket Number** JUN U 8 ZUD6 I hereby revoke all previous powers of attorney given in the above-identified application. Power of Attorney is submitted herewith. ÓR I hereby appoint the practitioners associated with the Customer Number. Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or 1 Many son Esq. Kegistration No Individual Name Address City Country Telephone Email I am the:

Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
	SIGNATURE of A	pplicant or Assignee of I	Record	·						
Signature	Robert of Jones									
Name	Robert L. Jones									
Date	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Talanhan	1 201/ 3 5							

NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

"Total of \_forms are authorited\_

Applicant/Inventor.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent Andrews Collection of the Chief information officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you naid assistance in completing the form, call 1-800-PTO-9199 and select option 2.